	Reduction Act of 1995, no pen VT APPLICATION P Substitute		TION RECC	RD	WAT WIFES	Applical	on or Dooke	L Hymber
APPLICATION AS FILED - PART I (Oolumn 1) (Oolumn 2)			CI.	SMALL ENTITY		OR OTHER THAN		
FOR.	NUMBER FILED .	NUMBER EXTRA			TY	QR ,	SMAL	L ENTITY
(67 CFR 1.18(a), (b), or (d)) 6EARCH FEE		NOMBER EXTRA	RATE	(8) . F	压(1)		RATE (\$)	-
187 OFR 1.18(k), (1), or (mi)						. [FEE
EXAMINATION FEE 87 OFR 1.18(d), (p), or (qi) IOTAL OLAIMS								-
87 CFR 1.18(1)	minus 20 =							1
NDEPENDENT CLAIMS			x 23	2=		OR X	57	
	If the specification and of sheets of paper, the aper	roudo vo	x/00	=		-	200	
PPUCATION SIZE EE 7 CFR 1.18(s))	Is \$250 (\$125 forms	incluon size fee due	11			×		·
	35 U.S.C. 41(a)(1)(G) an	action thereof. See		1		·		
ULTIPLE DEPENDENT C	LAIM PRESENT (37 CFR 1.16	m)	1 Lex	-	_			
the difference in column	1 is less than zero, enter "0" in	200	180	-			360	
APPLICAT	10h as aresis	i column 2.	TOTAL				TOTAL	
DO M	ION AS AMENDED - F	'ART II					L.	
(Col	umn 1) (Col	umn 2) (Column 3)						
° CL REM	AIMS HIGH	IEST	SMAL	L ENTITY	C	R	OTHER T	HAN
AMEN	PREVI	DUSLY EXTRA	RATE (\$)	ADD	-	RA	TE (\$)	
Total : er cert 1.16(i)	Minus + 7	FOR =		TIONA FEE ((L)		12 (3)	ADDI- TIONAL
Total GT CFR 1.46(1) Application Size Fee (37)	2 Minus ···		x 25		. OR	1	40	FEE (\$)
Application Size Fee (37	CFR 1.16(s))	O	x 101 =	X	OR	7	200	
	MULTIPLE DEPENDENT CLAIM		- 27		OR:	× Q	COC.	
	CAM CLAIM	(37 CFR 1.16@)	180		OR	31	20	
		*	TOTAL ADD'L FEE	1		TOTAL	1	
(Colum CLA)	MS			·	OR	ADD'L	FEE	·
REMAI AFTI	NING NUMBI	R PRESENT	DATE:		7	<u></u>		<u>`</u>
Total AMEND	MENT PREVIOUS PAID FO	ISLY EXTRA DR	RATE (\$)	ADDI- TIONAL FEE (\$)		RATE		ADDI- TONAL
Independent 4	Minus ***	=	х =	1.0.0.19		ļ		EE (\$)
Application Size Fee (37 (=	Х =		OR	×		
FIRST PRESENTATION OF	(((TD) = 0 = 0 = 0 = 0 = 0 = 0 = 0 = 0 = 0 =				OR	X	=	
	NULTIPLE DEPENDENT OLAIM	37 OFR 1.16(II)			00			
			TOTAL		OR	TO TO S		747
If the entry in column 1 is in	ess than the entry in column 2 Mously Paid For, IN THIS SP Mously Paid For IN THIS SPA	. wille *0* to eather	ADD'L FEE		OR .	TOTAL ADD'L FE	E	
" " ARTIOST MUMBEL Pre	Wously Paid For IN THIS SPA Mously Paid For IN THIS SPA ously Paid For Molal or Inder	ming o in column 3.	. 44		4 .	• •		1

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer. U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS